

Profession of Faith Certificate (Child) Template — Appendix 826B

PROFESSION OF FAITH

This is to Certify

That _____
Given Names(s) Last Name

Child Of _____
Father: Given Name(s) Last Name

and _____
Mother: Given Name(s) Maiden Name

Born in _____
City/Town Province Country

on _____
Date (dd/mmm/yy)

Baptized at _____
Church Name Denomination

in _____
City/Town Province Country

on _____
Date (dd/mmm/yy)

WAS RECEIVED INTO THE ROMAN CATHOLIC CHURCH AT THE REQUEST AND BY VIRTUE OF A SOLEMN PROFESSION OF FAITH MADE BY THE PARENT(S)

on _____
Date (dd/mmm/yy)

at _____ **Roman Catholic Church**
Church Name

in the presence of _____
Archbishop / Priest

and _____
Sponsor: Given Name(s) Last Name

and _____
Sponsor: Given Name(s) Last Name

AS RECORDED IN THE BAPTISMAL REGISTER OF THIS CHURCH

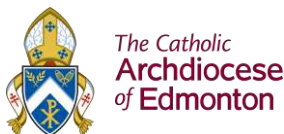
_____ Date (dd/mmm/yy) _____ Pastor's Signature

_____ Pastor's Name (printed)

_____ Parish Name _____ Street Address _____ City/Town _____ Province _____ Postal Code



See reverse for notations



Notations

Confirmation:

Marriage:

Holy Orders:

Religious Profession:

